

Name  
in  
Full

John A Benson

## CERTIFICATE OF DEATH

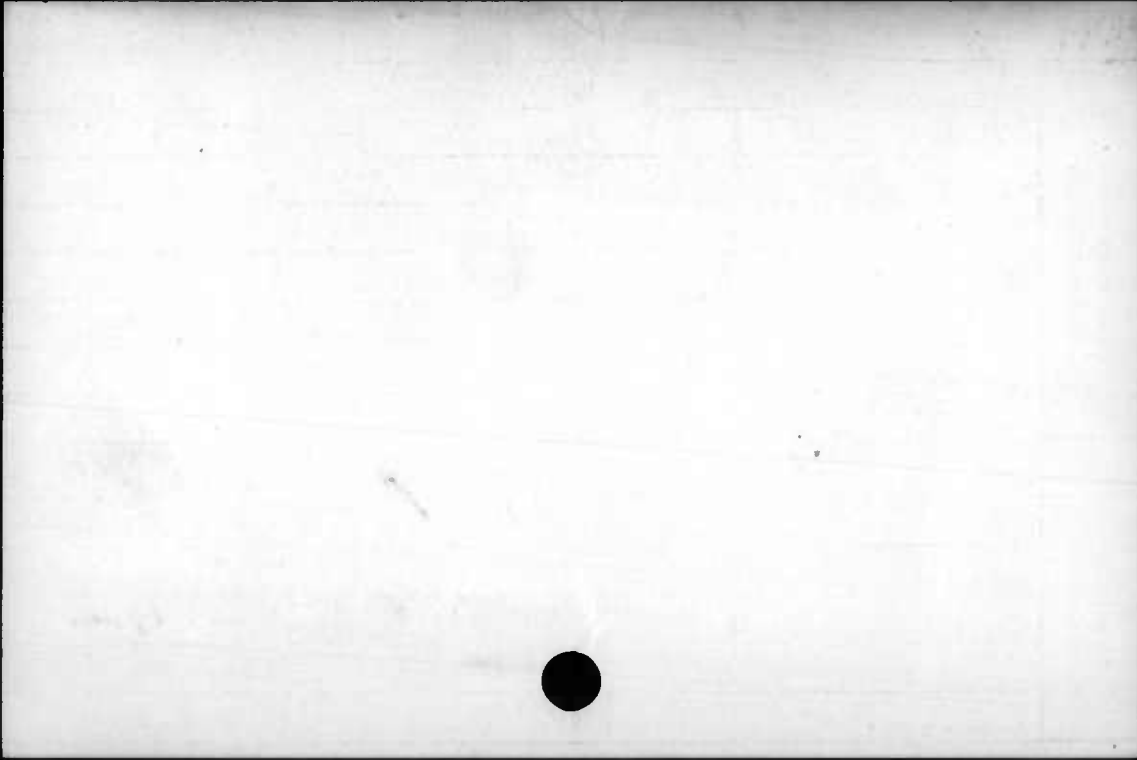
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Millington		<sup>County</sup> Kent		MARYLAND	
Date of death 1905	<sup>Month</sup> Oct	<sup>Day</sup> 21	<sup>Years</sup> 51	<sup>Months</sup> 1	<sup>Days</sup> 22
Sex	Male		Color or Race	White	
Married, Single or Widowed	Married		Occupation	Farmer	
Name of Wife or Husband	Julia K. Pryor.				
Father's Name	John Benson			Father's Birthplace	Maryland
Mother's Maiden Name	Temperance A. Macey.			Mother's Birthplace	Maryland
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer	How long	3 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. M. Jeter.
		Address	Millington, Md.
Accident or Suicide?			



Name  
in  
Full

Grace Blackburn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Punny Neck<sup>County</sup> Kent

MARYLAND

Date of death 1905 Oct 17

Age 2

Months 4

Days 14

Sex Female

Color or Race White

Birth-place Kisco Me

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Verlander Blackburn

Father's Birthplace Md

Mother's Maiden Name Mary E. Webb

Mother's Birthplace Md

Name of person giving information Verlander Blackburn

How related to deceased Father

## CAUSES OF DEATH

Primary Whooping Cough

How long 3 week

Immediate Pneumonia

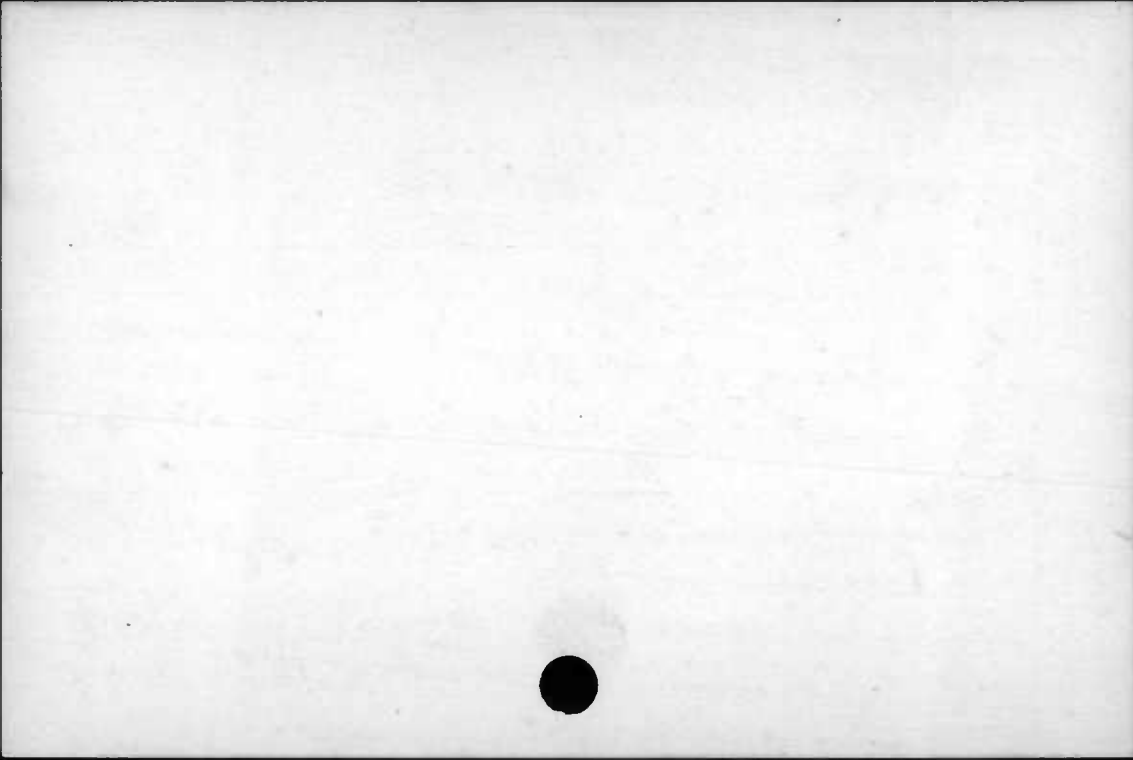
How long 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician S. C. Oglesby MD

Address Rock Hall Md

Accident or Suicide?



Name  
in  
Full

William Henry Blackiston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near Rock Hall<sup>County</sup> Kent

MARYLAND

Date of death 1904

Month Oct

Day 23

Age

Years 15

Months 10

Days 9

Sex Male

Color or Race

White

Birth-place

Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

James E Blackiston

Father's Birthplace

Md.

Mother's Maiden Name

Mary H Hudson

Mother's Birthplace

Md.

Name of person giving information

Edith Blackiston

How related to deceased

Sister

## CAUSES OF DEATH

Primary

Tuberculosis Pulmonalis

How long

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

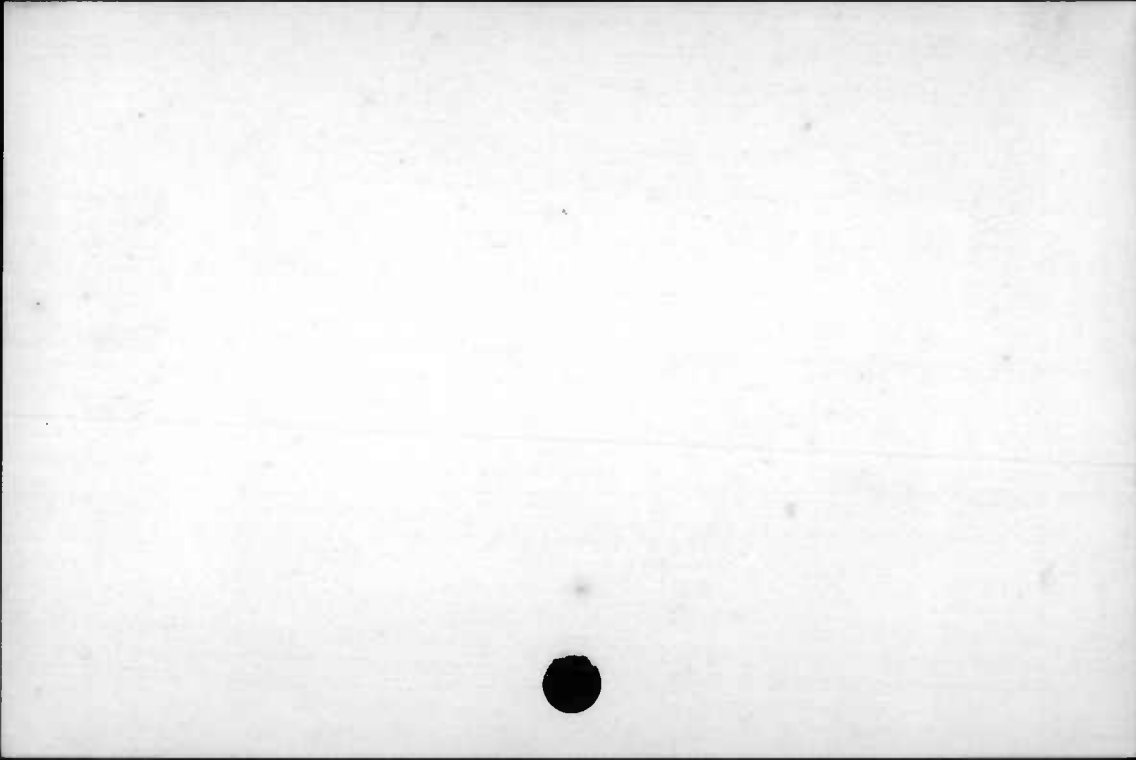
J. M. R. Deall M.D.

Address

Rock Hall

Md.

Accident or Suicide?



Name  
in  
Full

Ronnie Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Still Pond</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>oct</u> <small>Month</small>	<u>21</u> <small>Day</small>	Age <u>13</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>Blk</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo Brown</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Caroline Sterling</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Henry Brown</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<u>Primary</u>	<u>Auto-intoxication</u>	<u>54</u> <u>✓</u> <small>How long</small>
<u>Immediate</u>		<u>—</u> <small>How long</small>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Lewis P. Atwell M.D.</u>
		Address <u>Still Pond</u>
		<u>Ind</u>
Accident or Suicide? <u>—</u>		

Still Pond



Name  
in  
Full

Steel Born.

Chambers (M.M.)

## CERTIFICATE OF DEATH

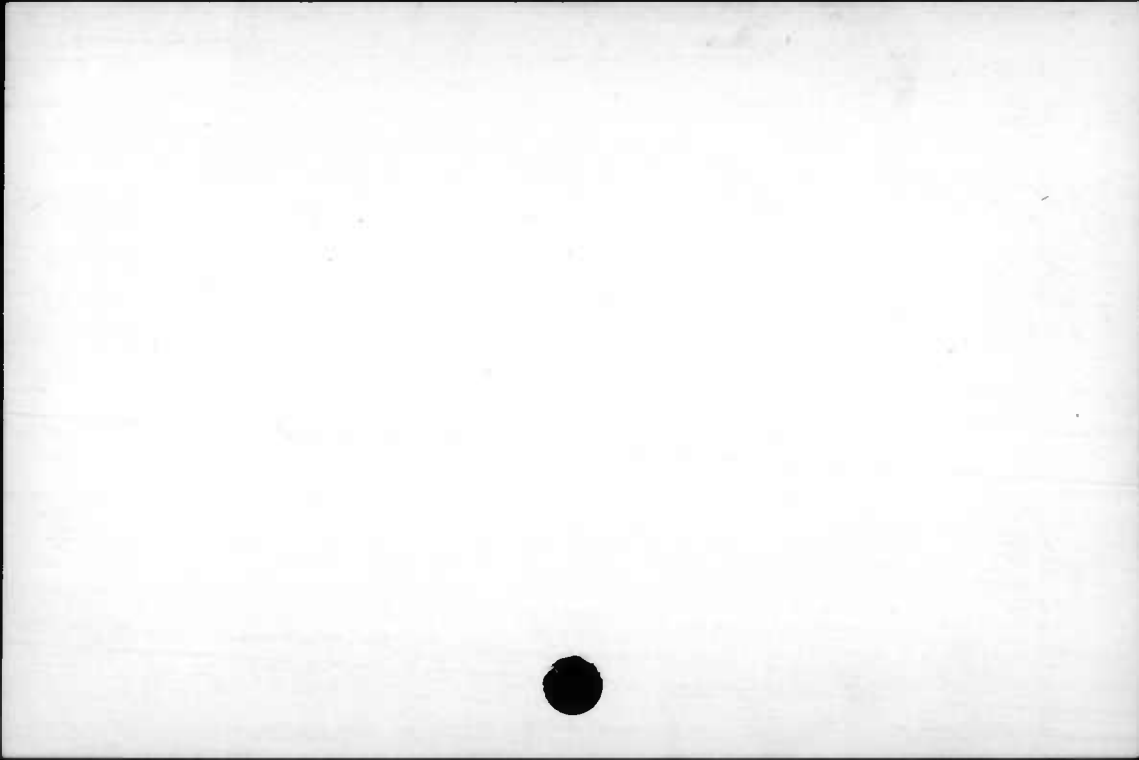
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cheslerston</i> Town		County <i>Kent.</i>		MARYLAND	
Date of death <i>1905.</i>	Month <i>Oct.</i>	Day <i>8.</i>	Age _____	Years _____	Months _____ Days _____
Sex <i>Male</i>	Color or Race <i>Black.</i>		Birth-place <i>Cheslerston Md.</i>		
Occupation <i><del>Student</del></i>	Where Residing if not at place of death <i><del>Cheslerston Md.</del></i>				
Married, Single or Widowed _____	Name of Wife or Husband _____				
Father's Name <i>Lacy or Wynson Chambers.</i>	Father's Birthplace <i>Kent Co Md</i>				
Mother's Maiden Name <i>Mary B. Dudley</i>	Mother's Birthplace <i>Kent. Co Md</i>				
Name of person giving information <i>Bessie Newby</i>	How related to deceased <i>not any</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary _____	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? _____	Signature of Physician <i>B. J. [illegible] and [illegible]</i>
	Address <i>Cheslerston Md.</i>
Accident or Suicide? _____	



Name  
in  
Full

Martha B. Duckery

## CERTIFICATE OF DEATH

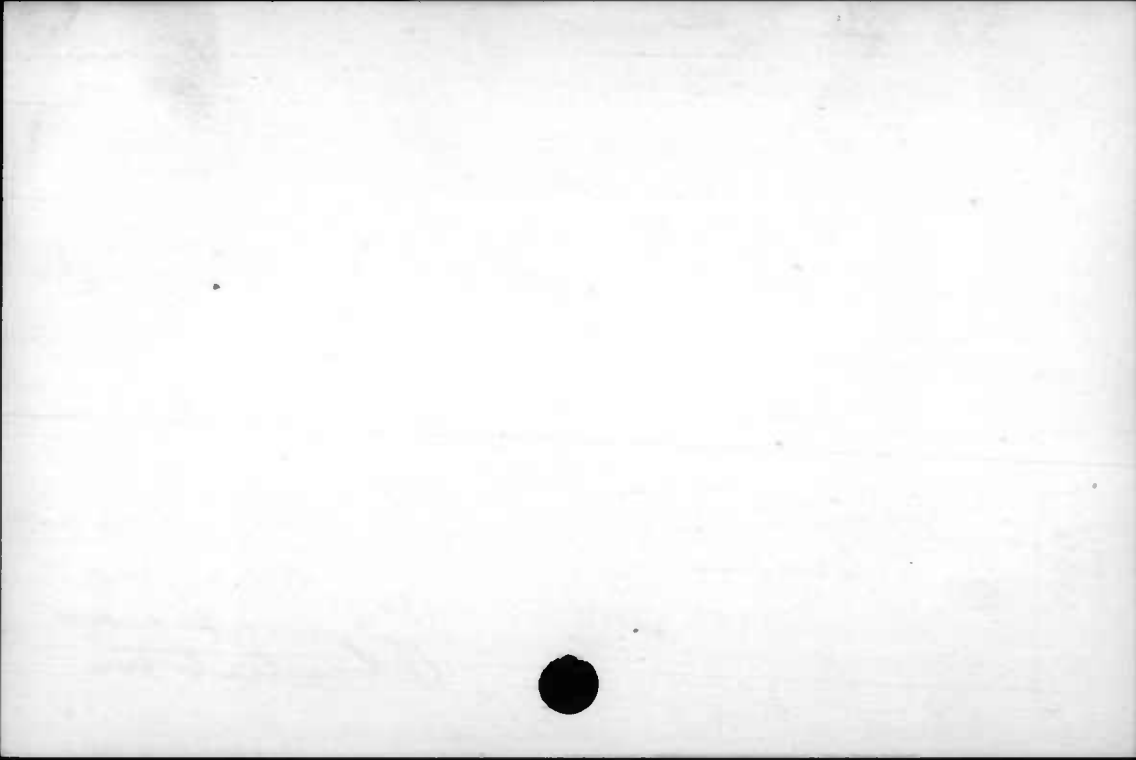
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Millington</i> Town		<i>Orent</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>16</i>	Age _____	Years _____	Months <i>11</i> Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Clarence Hall</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary Emily Duckery</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Mary Emily Duckery</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>		How long	<i>4 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Dr. W. F. Jacobs</i>	
			Address <i>Millington</i>	
Accident or Suicide?		<i>Geo. C. Townsend acting as Coroner</i>	<i>md</i>	



Name  
in  
Full

Ellen Granger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesertown</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>5</i>	Age <i>80</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas Granger</i>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Thomas Granger</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral regurgitation</i>	How long <i>Several years</i>
Immediate <i>Dropsy</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simpson</i>
<i>No</i>	Address <i>Chesertown</i>
Accident or Suicide? <i>No</i>	

Colored cemetery  
Chester town  
John W. Dodd  
Undertaker.

Name  
in  
Full

Elbert Matthew Hackett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Lynch</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>Oct.</i> <sup>Month</sup>	<i>24</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Near Lynch</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>Near Lynch</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Willis Hackett</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Irma Ringgold</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Irma Hackett</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>week</i>
Immediate <i>Meningitis</i>	How long <i>1 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bunge Simmons</i>
	Address <i>Chester town Md</i>
Accident or Suicide? <i>No.</i>	

Houtani Church.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Georgetown</i> <sup>Town</sup> <i>Kent</i> <sup>County</sup>			
Date of death <i>1905</i> <sup>Month</sup> <i>Oct.</i> <sup>Day</sup> <i>26</i> <sup>Years</sup> <i>43</i>	<sup>Months</sup> <i>2</i> <sup>Days</sup> <i>—</i>		
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Co Md</i>	
Occupation <i>House work</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Thomas Henry</i>		
Father's Name <i>Solomon Asch</i>	Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Elizabeth Davis</i>	Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Adde Henry</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 mo.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W. Smith</i>
	Address <i>Fairfax Md</i>
Accident or Suicide?	

W.  
Acbury Cemetery  
Near Walschurst  
John N. Dodd  
Undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

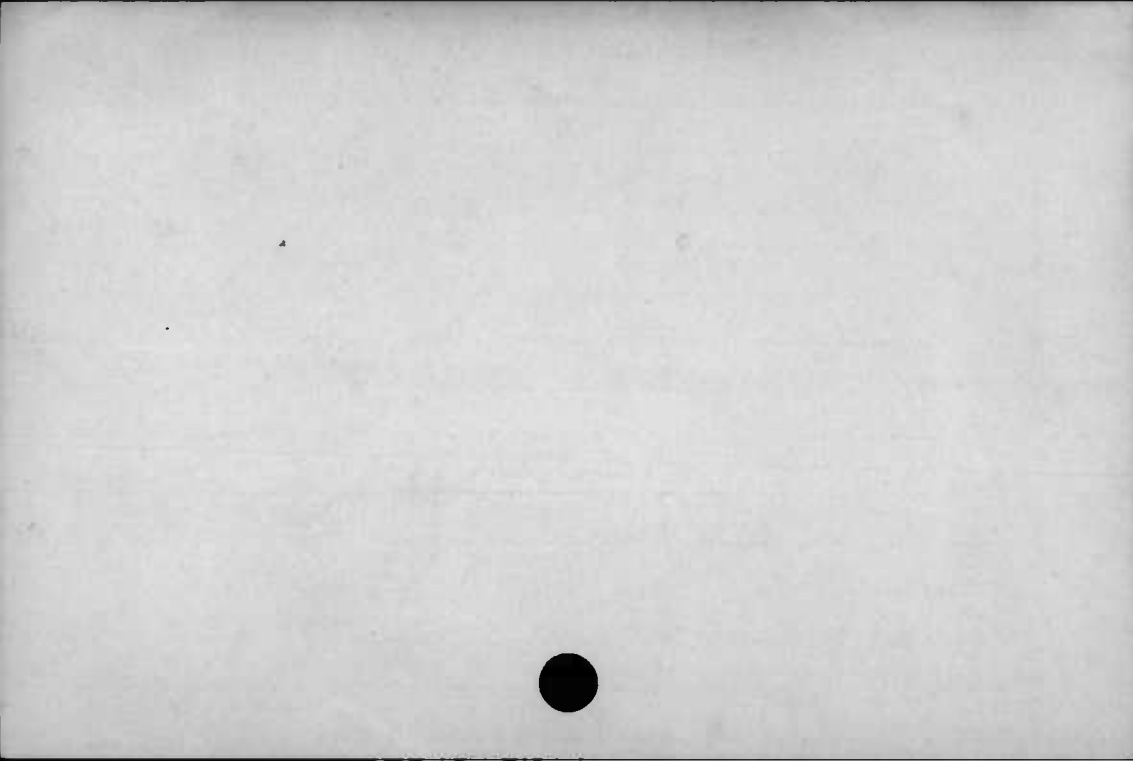
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pharmy Creek</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>190</i>	<i>Oct</i> <sup>Month</sup>	<i>15</i> <sup>Day</sup>	Age <i>11</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Whiter</i>		Birth-place <i>Kent co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Henry Ray</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Lottie Webb</i>			Mother's Birthplace <i>Kent co</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>24 hours</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>2 weeks</i>
Immediate <i>Uremic Poisoning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William M. Hall</i>
	Address <i>Rock Hall Md</i>
Accident or Suicide?	



Name  
in  
Full

Nathan Lee

## CERTIFICATE OF DEATH

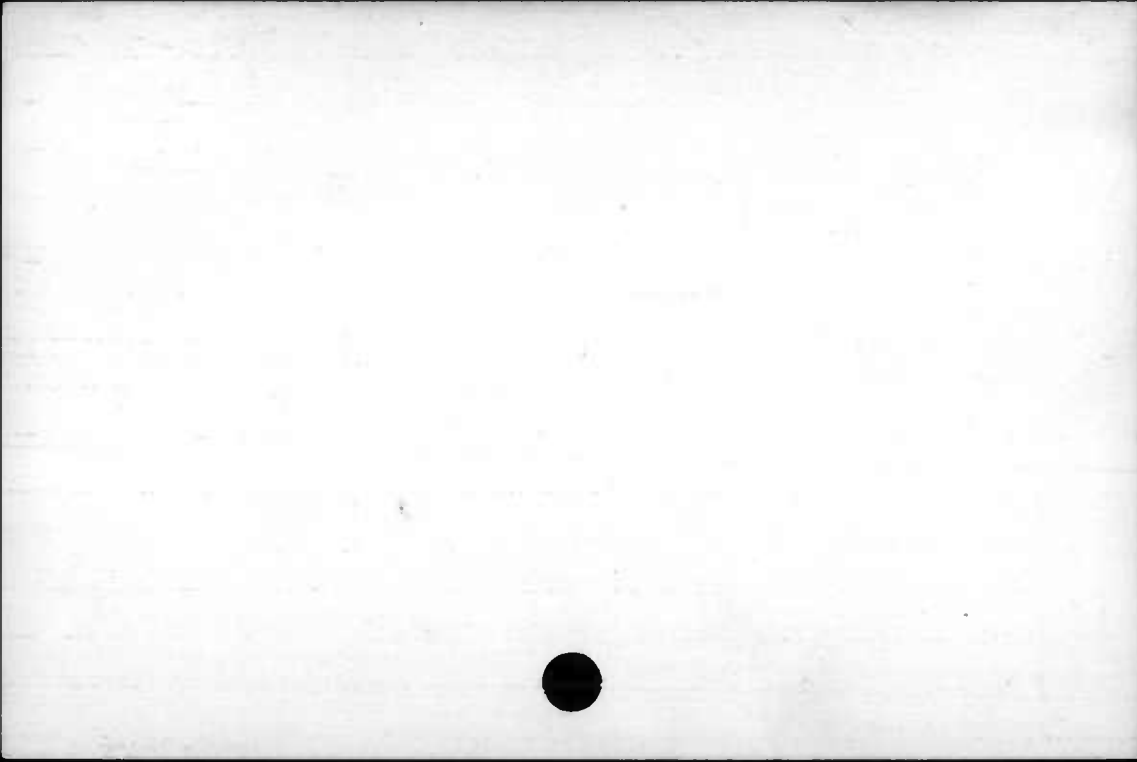
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Millington		County Kent co		MARYLAND	
Date of death		Month 10		Day 28		Years 21	
Sex male		Color or Race Black		Birth- place Bel		Months Days	
Occupation School Boy		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name H. J. Lee		Father's Birthplace Md					
Mother's Maiden Name Elizabeth Lee		Mother's Birthplace Sd					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cross-symptom	How long	2 years
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. Combs
		Address	Millington Md
Accident or Suicide?			



Name  
in  
Full

Helen Amelia Mehl

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND						
Date of death		1905	Month	Oct	Day	24	Age	Years	Months	2	Days	8
Sex		Female		Color or Race		White		Birth-place		Md		
Occupation						Where Residing if not at place of death						
Married, Single or Widowed				Name of Wife or Husband								
Father's Name				Frederick Mehl				Father's Birthplace		Germany		
Mother's Maiden Name				Amelia Hammer				Mother's Birthplace		Germany		
Name of person giving information				Fred. Mehl				How related to deceased		Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Marasmus		How long		Since birth	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. G. Dimpers	
				Address		Chestertown	
Accident or Suicide?		No					

Chester - Furgun



Name  
in  
Full

James Edward Necon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Rock Hall

County Kent

MARYLAND

Date of death 1905 Oct 26

Age 40

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Joanna Seihl

Father's  
Name

Thomas Necon

Father's  
Birthplace

Me

Mother's  
Maiden Name

Elizabeth Willmer

Mother's  
Birthplace

Me

Name of person giving  
In formation

Joanna Seihl

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Gastro-Intestinal Catarrh

How long

Five years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

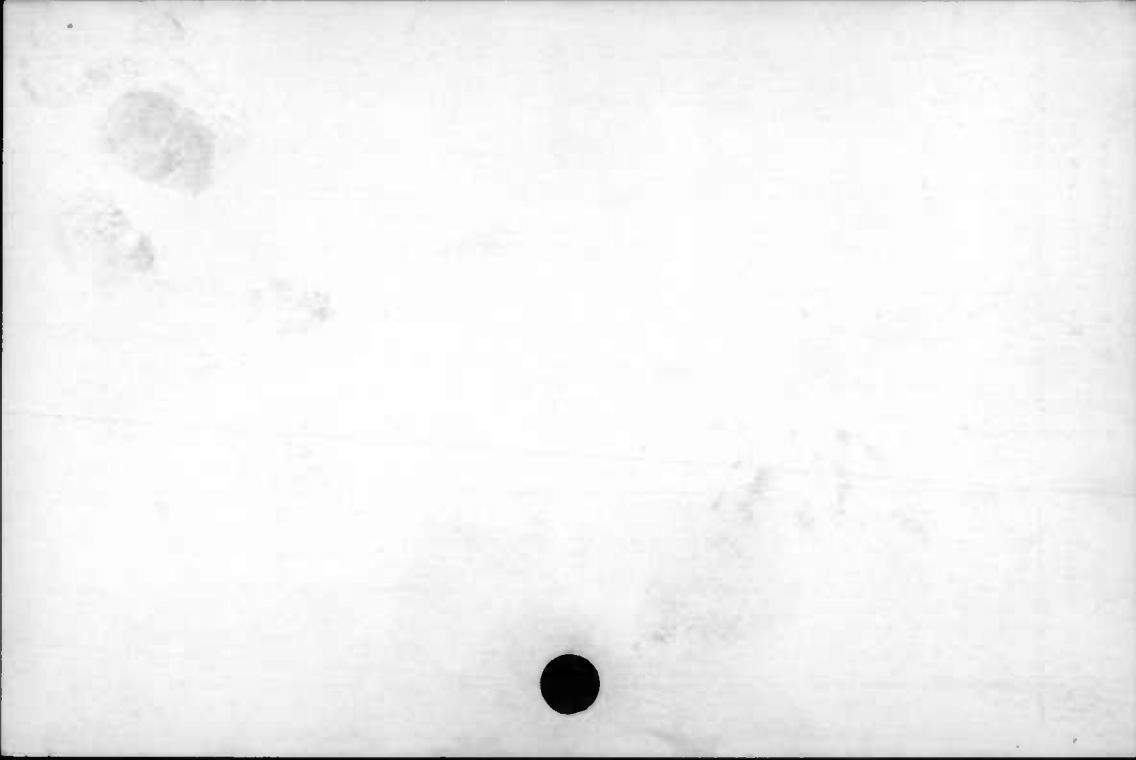
Signature of  
Physician

J. M. B. Seall M.D.

Address

Rock Hall Md

Accident or Suicide?



Name  
in  
Full

Thomas B. Ringgold

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Melittota</i>		County <i>Kent</i>		MARYLAND	
Date of death	1905	Month <i>Oct</i>	Day <i>19</i>	Age <i>74</i>	Years	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>col.</i>		Birth- place <i>Kent Co Md</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Georganna Ringgold</i>					
Father's Name <i>Benj Ringgold</i>		Father's Birthplace <i>Kent Co md</i>					
Mother's Maiden Name <i>Dont know</i>		Mother's Birthplace <i>Dont know</i>					
Name of person giving In formation <i>John Nichols</i>		How related to deceased <i>Son in Law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Bright disease</i>	<i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. H. Casey</i>
	Address <i>Worton Md R# 5 # 3</i>
Accident or Suicide?	

J. E. Ferguson

Name in Full		Adel Satchel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Ches <sup>Town</sup> terton		Kent <sup>County</sup>		MARYLAND
	Date of death	1905	Month	Oct	Day	27	Age
					Years		Months
							Days
	Sex	Female		Color or Race	Col		Birth-place
							Med
	Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name						Father's Birthplace	
Mother's Maiden Name		Sarah Satchel				Mother's Birthplace	
						Med	
Name of person giving information		Emma Ratter				How related to deceased	
						None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Natural Causes				How long	
	Immediate	No Dr. attending				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Local Board of Health		
Accident or Suicide?		No					

James M. E. C.

Langdon

Name  
in  
Full

Medard Sheets

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Proctor</i>		County <i>Kent</i>		MARYLAND	
Date of death		1906	Month <i>Oct</i>	Day <i>8</i>	Age Years	Months <i>One</i>	Days <i>9</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George E. Sheets</i>				Father's Birthplace <i>Kent Co Md</i>			
Mother's Maiden Name <i>Anna Jones</i>				Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving information <i>George E. Sheets</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Spinal Trouble</i>	How long <i>one month &amp; nine days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Hesse</i>
	Address <i>Worton Md</i>
Accident or Suicide?	

Union Cemetery



Name in Full		James Starbuck				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Militota. n. c.		County		MARYLAND		
	Date of death		1905	Month	Oct.	Day	38.	Age	14
	Sex		Male		Color or Race		White		
	Occupation		School.		Where Residing if not at place of death		Birth-place		md
	Married, Single or Widowed		Single		Name of Wife or Husband		Father's Birthplace		md
	Father's Name		Harry Starbuck		Mother's Maiden Name		Florence Bowers		md
	Name of person giving information		Edw. Shepherson		How related to deceased		friend		
	CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Gen. Tuberculosis. Spleen. Anterior. Spinal.				How long	3 months.	
	Immediate		Enteritis				How long	3 months.	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Frank W. Smith		
					Address		Famke. md		
Accident or Suicide?									

J. U. Church

Name  
in  
Full

Francis Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chestertown</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>Oct</i> <sup>Day</sup> <i>3</i>		Age <i>18</i> <sup>Years</sup>		Months <i>0</i> Days <i>few</i>	
Sex <i>female</i>	Color or Race <i>Colored</i>	Birth-place <i>Kent Co</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Chestertown Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Wesley Thomas</i>	Father's Birthplace <i>Kent Co</i>				
Mother's Maiden Name <i>Allice Bowser</i>	Mother's Birthplace <i>Kent Co</i>				
Name of person giving information <i>Snowden Thomas</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>They say 8 months</i>
Immediate <i>Tuberculosis</i>	How long <i>" " " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bruce Simon</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>No</i>	<i>I only saw the patient once but aware of aggr - nearly dead then</i>

V. E. Ferguson

Name  
in  
Full

Oliver E. Thomas.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Coleman</u> Town		<u>Kent</u> County		MARYLAND	
Date of death	1905	Month	Oct	Day	24
Age		Years	2	Months	2
Sex		Male	Color or Race	Black	Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Oliver Thomas		Father's Birthplace	
Mother's Maiden Name		Carrie Brown		Mother's Birthplace	
Name of person giving information		Caroline Brown		How related to deceased	
				Grandmother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diabetes	How long	Long
Immediate	Bronchitis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Lewis P. Atwell	
		Address	
		Still Pond	
		md	
Accident or Suicide?			

Vinon Church

Name  
in  
Full

Wheat.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Morton		County Kent		MARYLAND	
Date of death	1905	Month Oct	Day 8	Age	Years	Months	Days 3
Sex	Male		Color or Race	White		Birth- place	Kent Co Md
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
M. H. Wheat				Kent Co Md			
Mother's Maiden Name				Mother's Birthplace			
Mollie Wheat				Kent Co Md			
Name of person giving Information				How related to deceased			
M. H. Wheat				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	Indigestion
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	John H. Hesser
Address	Morton Md
Accident or Suicide?	

St. Paul's cemetery  
John N. Dodd  
Undertaker



Name in Full		Jane Wright				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Trent		County		MARYLAND
	Date of death	1905	Month	Oct	Day	17	Age
	Sex		Female	Color or Race	Col	Birth-place	Ind
	Occupation		Housewife		Where Residing if not at place of death		
	Married, Single or Widowed		Married	Name of Wife or Husband			
	Father's Name		Chas Mason			Father's Birthplace	
	Mother's Maiden Name		Macy Comings			Mother's Birthplace	
	Name of person giving information		Chas Wright			How related to deceased	
		<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER	Primary		Pulmonary Intercolosis			How long	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Accident or Suicide?		No		Address		

Militota

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Joseph Wright</i>		County <i>St. Louis</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Oct.</i>	Day <i>9</i>	Years <i>55</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>md</i>			
Occupation <i>Brick yard</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mariah</i>			
Father's Name <i>Joseph Wright</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Caroline</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Robert Wright</i>		(160)		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis left side</i>	How long <i>2 weeks</i>
Immediate <i>Edema</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Smith</i>
	Address <i>Franklin md</i>
Accident or Suicide? <i></i>	

